

Greetings [REDACTED],

I thought it useful to write to you about developments surrounding the paraffin warning statements consultation and survey.

We have canvassed our membership about proposed changes and received minor feedback reflecting an understandable attitude that this is not a particularly pressing or serious issue; reinforced by the fact that the MHRA risks report is coming up for three years old and the fact that no instances of risk appear to have presented themselves in New Zealand to date.

However, we have now had numerous communications with our sister organisations in Australia and the UK (ASMI and PAGB) and it is now our contention that this is an important issue that needs a focused and holistic approach to reducing risk and improving primary healthcare. We will be filling out the survey but believe that neither option provides an adequate solution to what could be a very nasty (and in some cases) life-threatening issue.

When evaluating the numerous cases in Britain that have led to this discussion several common elements present themselves. Accordingly, we do not think a blanket label warning on paraffin products is the answer. Other elements need to be addressed including: impregnation of fabrics and bandages, residual product and repeated impregnation, cigarette ignition, hygiene and washing regimes as examples. There are also numerous paraffin containing products (lip balms for example) where warning labels are less appropriate or even confusing.

We would suggest that a multi-disciplinary approach is required because the risk will only be mitigated when people are practically educated rather than just warned on a label. While any volume user of impregnated emollients is at risk the greatest threat is to the elderly repeatedly applying paraffin based product to re-used bandages where clothing can also become impregnated (particularly over time and if clothes and bandage washing does not occur) and particularly when these people are smokers.

Labelling should only be a small part of the solution and we should endeavor to get a harmonised warning label agreed by the UK, Australia and New Zealand. This label should be targeted to the product ranges where it is applicable only (related to the risk), rather than all paraffin containing products. We also suggest the Health Department, Pharmaceutical Society and College of Dermatologists (along with ourselves representing manufacturers) be involved in developing a simple educational programme that goes to the public, GP's, pharmacists and particularly rest-homes and elderly carers about the potential hazard of fire and burns when dealing with impregnated fabrics, particularly (but not exclusively) with repeated use, and where residue is likely to remain. We also need to highlight the danger of cigarette ignition rather than just naked flame.

I hope this is helpful and we would be happy to talk about how you wish to proceed from here.

Kind regards,
Scott

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